ENCOUNTER KEYS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

NOVEMBER-DECEMBER, 2006

NPI/HIPAA

National Provider Identifier (NPI)

Effective January 23, 2004, the final rule regarding the National Provider Identifier (NPI) was published. CMS started assigning NPI numbers to providers last May. AHCCCS will require the NPI to be used as the healthcare provider identifier in all claim submissions starting in May 2007.

An electronic mailbox has been established for providers to forward a copy of their NPI notification via email. The AHCCCS provider ID number also needs to be included in the email for identification purposes. The email address is:

NationalProviderID@azahcccs.gov.

Other options for providers to submit a copy of their NPI number notification include mailing or faxing a copy. The provider's name and AHCCCS provider ID number needs to be written on the copy. The information can be mailed or faxed to:

AHCCCS
Provider Registration Unit
P. O. Box 25520 Mail Drop 8100
Phoenix, AZ 85002

Fax: (602) 256-1474

NPI numbers will also be accepted via written notification. Notification must include the AHCCCS provider's name, AHCCCS provider ID number, and signature of the provider or authorized signor.

The agency is targeting January 1, 2007 as the optional claims and encounter submission date. **Effective May 23, 2007 all claims and encounters must be submitted with the NPI when applicable.**

Providers can obtain additional information about NPI at www.cms.hhs.gov/hipaa/hipaa2. This site contains Frequently Asked Questions and other information related to the NPI and other HIPAA standards.

NPI Edit Codes

Edit Code	Edit Description	Form Type
F005	Facility NPI Is Invalid	A
F015	Facility NPI Multiple Matches Identified	A
H030	Referring Provider NPI Is Invalid	A, B, D
H040	Referring Provider NPI Multiple Matches Identified	A, B, D A
U006	Attending Provider NPI Is Missing Or Invalid	B
U007	Attending Provider NPI Multiple Matches Identified	B
Z125	Service Provider NPI Field Is Missing Or Invalid	All form types
Z126	Detail Service Provider NPI Field Is Missing Or Invalid	A, D
Z175	Service Provider NPI Not On File	All form types
Z176	Detail Service Provider NPI Not On File	A, D
Z230	Service Provider NPI Multiple Matches Identified	All form types
Z231	Detail Service Provider NPI Multiple Matches Identified	A, D
Z235	Prescribing Provider NPI Is Missing Or Invalid	C
Z245	Prescribing Provider NPI Multiple Matches Identified	C

Form Types Include: A=1500; B=UB's; C= Pharmacy and D=Dental

American Dental Association

From the American Dental Association Website: New Dental Forms to be used **January 1, 2007.** Website regarding NPI Dental related items:

1.   Claim Form Change Information: http://www.ada.org/prof/resources/topics/claimform.asp

2.   NPI Information: http://www.ada.org/prof/resources/topics/npi.asp

Coding Updates

Limits

Effective with dates of service on or after October 24, 2006 the service limits for the CPT code 87177 (Ova and parasites, direct smears, concentration and identification) has been removed (previously was 2 per year limit).

New Procedure Codes Added to Reference Screen 773

Effective with dates of service on or after September 1, 2006 the following procedure code have been added to the listed revenue codes:

0420-0429	Physical Therapy	20979	Low intensity ultrasound stimulation to aid bone healing
0430-0439	Occupational Therapy	20979	Low intensity ultrasound stimulation to aid bone healing
0940-0949	Other RX Services	20979	Low intensity ultrasound stimulation to aid bone healing
0636	Drugs/Detail	G0332	Services for intravenous infusion of immunoglobulin prior to admit

Coverage Code(s)

- Effective with dates of service on or after October 1, 2006 the coverage code for the HCPCS codes below has been changed to 09 (Medicare Only):
    G0108 (Diabetes outpatient self-management training services, individual, per 30 minutes)
    G0109 (Diabetes self-management training services, group session (2 or more), per 30 minutes)

"Music is the universal language of mankind--poetry their universal pastime & delight."

Henry Wadsworth Longfellow

Category of Service (COS)

Effective with dates of service on or after October 9, 2006 the following HCPCS codes have been changed from COS 10 (Inpatient hospital (RM & BD & Ancillary) to COS 40 (Medical Supplies).

C9220	Sodium hyaluronate per 30 mg dose, for intra-articular injection
C9221	Acellular dermal tissue matrix, per 16cm2
C9222	Decellularized soft tissue scaffold, per 1 cc
C9223	Injection, adenosine for therapeutic or diagnostic use, 6 mg
C9224	Injection, galsulfase, per 5 mg
C9225	Injection, fluocinolone acetonide intravitreal implant, per 0.59
C9226	Injection, ziconotide for intrathecal infusion, per 5 mcg
C9399	Unclassified drugs or biologicals
C9400	Supply of radiopharmaceutical diagnostic imaging agent, thallous
C9401	Supply of therapeutic radiopharmaceutical, strontium-89 chloride,
C9402	Supply of radiopharmaceutical therapeutic imaging agent, I-131 so
C9403	Supply of radiopharmaceutical diagnostic agent, I-131 sodium iodide
C9404	Supply of radiopharmaceutical diagnostic agent, I-131 sodium iodide
C9405	Supply of radiopharmaceutical therapeutic agent, I-131 sodium iodide
C9405	Supply of radiopharmaceutical therapeutic agent, I-131 sodium iodide
C9410	Injection, dexrazoxane hydrochloride, brand name, per 250 mg
C9411	Injection, pamidronate disodium, brand name, per 30 mg
C9412	Ganciclovir, 4.5 mg, long-acting implant, brand name
C9413	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection
C9414	Etoposide, oral, brand name, 50 mg
C9415	Doxorubicin hcl, brand name, 10 mg
C9417	Bleomycin sulfate, brand name, 15 units
C9418	Cisplatin, powder or solution, brand name, per 10 mg
C9419	Injection, cladribine, brand name, per 1 mg
C9420	Cyclophosphamide, brand name, 100 mg
C9421	Cyclophosphamide, lyophilized, brand name, 100 mg

C9422	Cytarabine, brand name, 100 mg
C9423	Dacarbazine, brand name, 100 mg
C9423	Dacarbazine, brand name, 100 mg
C9424	Daunorubicin, brand name, 10 mg
C9425	Etoposide, brand name, 10 mg
C9426	Floxuridine, brand name, 500 mg
C9427	Ifosfamide, brand name, 1 gm
C9428	Mesna, brand name, 200 mg
C9429	Idarubicin hydrochloride, brand name, 5 mg
C9430	Leuprolide acetate, brand name, per 1 mg
C9431	Paclitaxel, brand name, 30 mg
C9432	Mitomycin, brand name, 5 mg
C9433	Thiotepa, brand name, 15 mg
C9435	Injection, gonadorelin hydrochloride, brand name, per 100 mcg
C9436	Azathioprine, parenteral, brand name, per 100 mg
C9437	Carmustine, brand name, 100 mg
C9437	Carmustine, brand name, 100 mg
C9438	Cyclosporine, oral, brand name, 100 mg
C9439	Diethylstilbestrol diphosphate, brand name, 250 mg
C9440	Vinorelbine tartrate, brand name, per 10 mg
C9503	Fresh frozen plasma, donor retested, each unit
C9505	Red blood cells, irradiated, each unit

Reminders

AHCCCS Reference Data

Just a few reminders in relation to AHCCCS supplied Reference data.

The values supplied in areas such as service limits, are intended as upper limit guidelines, and appropriate Medical evaluation when units exceed these limits, as to the needs of the individual member and/or situation should be applied. If you have questions regarding or do not agree with any of these guidelines please notify us as to your questions (providing examples if possible) and the AHCCCS Coding Workgroup will review and respond to your questions and/or concerns and initiate appropriate update.

Same Day Admit/Discharge Questions:

Questions:

In reviewing the AHCCCS FFS Manual after the implementation of the OPFS, it states on page 11-3 that "At least one accommodation revenue code must be billed with associated charges greater than zero for an inpatient claim to qualify for payment through the tiered per diem system."

And then on page 11-6 for Same day admit/discharge, it states: "For dates of service on or after 7/1/2005: AHCCCS reimburses same day admit/discharge claims using the AHCCCS Outpatient Hospital Fee Schedule."

This would indicate that the encounter should be billed with a bill type of 131 (Hospital, Out Patient, Admit thru Discharge) and the accommodation days with the non-covered charges. However, the providers are billing with a bill type of 111 (Hospital, Inpatient Admit thru Discharge), without any procedure codes. In order for Plans to submit this information to AHCCCS with a 131 bill type, we would need to have the procedure code provided by the providers, but because they are submitting it as inpatient, they feel they are not required to include a procedure code.

Plans have had some success in getting providers to re-bill as an outpatient, but for those that refuse (because they feel it is truly an inpatient visit), how do we convince them that this is how we are required to submit it to AHCCCS? According to the section on Observation Services, page 11-18, the only person that can change the order is the physician and if the physician doesn't change it, then we are limited on how we submit it. Please clarify how an same day admit/discharge visit should be billed and how we can resolve the above issue.

Answer:

The provider needs to bill it as an Inpatient Same Day Admission/Discharge or Transfer, including the accommodation charges, and not currently requiring HCPCS codes for the bill type, etc... The system needs to recognize these types of claims and as appropriate disallow accommodation charges and value the remainder of the claim under the OP methodology (i.e., If HCPCS are present check for rates on RF126 else default to the SCO, apply bundling if appropriate, etc.). The provider should definitely not be required to alter their Same Day Admission/Discharge or Transfer claims.

Guidelines for the AHCCCS Mainframe Test Region

Just a Reminder: Plans submitting X12 files are not to test full production files in our test environment for file validation. Using our test environment to validate files may not guarantee the same results as it would in production, because the maps may be different due to changes/enhancements that are ongoing in the test environment. Test files should contain no more than 250 claims. Plans are to use the mainframe test environment to test their system modifications using a representative sample only. If you have any questions regarding this reminder, please contact your Technical Assistant.

TSN Assignment

Reporting and file TSN assignment issues have been reported to AHCCCS. For encounter files that contain multiple TSN's a system problem was found. Until AHCCCS can correct the error, please modify your encounter file creation process to create one encounter file per plan ID/TSN combination. Submitting unique encounter files per TSN will resolve incorrect TSN assignment on our mainframe and provide accurate reports regarding approved, pends, claim numbers, and patient account numbers for each TSN. You will be notified when the AHCCCS problem has been corrected. We apologize for the inconvenience.

Adjustment Reason Code

The following is the clarifications received on the HIPAA N16 Adjustment Reason Code. The Claim Adjustment Reason Code - 16 was changed to read:

> Claim/service lacks information which is needed for adjudication. ***Additional information is supplied using remittance advice remarks codes whenever appropriate. This change to be effective 4/1/2007: At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)***
> *Note: Changed as of 2/02 and 6/06*

FAQ

Please note the following FAQ recently addressed by the AHCCCS Outpatient Workgroup:

Question - How will Out Patient Fee Service (OPFS) claims which overlap (10/1/2006) fee schedule changes be valued?

Response - Valuation of OPFS claims will be based upon the beginning date of service on the claim. This is consistent with historical OP Cost to Charge and current IP methodologies. If you have any questions about this clarification please contact the AHCCCS Outpatient Workgroup.

October 2006 Encounter Manual

The October 2006 Encounter Manual is on the web:
http://azahcccs.gov/Publications/GuidesManuals/EncounterManual/default.asp